



WEBSTER RECREATION CENTER SEMESTER PASS 2015-2016

Participant's Name _____ Date of Birth _____
Participant's Age _____ Grade Entering in the Fall _____ Teacher's name _____

Please complete both sides of this form. **No student will be allowed to participate in the program without this form being completed and submitted to Webster Recreation Center staff by the first day of program attendance.**

Forms should be returned to staff at Webster Recreation Center & Gymnasium—202 N. Sycamore

HOLD HARMLESS AGREEMENT

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the Mesa Parks and Recreation program. Recreation Participants understand and agree that they may be photographed and/or videotaped for the promotion of City of Mesa programs. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s), and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for all injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency medical treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents, representatives and volunteers.

Parent/Guardian Signature _____

Date _____

EMERGENCY INFORMATION (PLEASE PRINT)

Address _____ Local Home Phone # _____

Mother's Name _____ Home# _____

Work# _____ Cell/Pager# _____

Father's Name _____ Home# _____

Work# _____ Cell/Pager# _____

Email address _____ Cell provider (AT&T, Verizon, etc.) _____

Name of Local Emergency Contact (other than parent) _____

Home# _____ Work# _____ Cell/Pager# _____

Name of Local Emergency Contact (other than parent) _____

Home# _____ Work# _____ Cell/Pager# _____

Doctor's Name and Phone Number _____ Hospital Preference _____

Primary Insurance Company _____ Phone# _____ Policy# _____ Group# _____

MOVIE PERMISSION

My child has permission to watch PG movies during Cougar Club ☐ Yes ☐ No

WEBSTER RECREATION CENTER - SEMESTER PASS FORM (cont)

TRANSPORTATION

Please indicate how your child will be leaving from camp each day.

☐ Walking

☐ Bike/Scooter

☐ Transported by a parent/guardian or car pool

Please list names of ANY persons your child **MAY** be released to:

_____	_____
_____	_____
_____	_____

BEHAVIOR MANAGEMENT

Is there a behavior management technique that works best for your child? (Time Out, Calling Parent, etc)

Is there any other information we need to be aware of to best serve your child? (Special needs, physical or learning disability etc.)

MEDICAL INFORMATION

Please check "Yes" or "No" after each of the following questions. If your answer is "yes" to any of the following questions, please give additional information and/or explanation in the space provided.

Is the participant on Medication?

☐ Yes ☐ No

Name of Medication/Dosage/Comments

Does the participant have Seizures?

☐ Yes ☐ No

Comments

Does the participant have allergies?

☐ Yes ☐ No

Comments

Is the participant Diabetic?

☐ Yes ☐ No

Comments

Is the participant allowed to have candy?

☐ Yes ☐ No

Comments

